

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/949561

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		2				
8		/				
9		/				
10		1				
11						
12				/		
13				/		
14				/		
15				/		
16				/		
17				/		
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20				/		
21				/		
22				/		
23				/		
24				3		
25				/		
26				/		
27				/		
28				/		
29				1		
30						
31						
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45						
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47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	10		20			
TOTAL CLAIMS	11		21			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS